

**BCDSS Youth Wellness Program
Frequently Asked Questions**

1. What is the BCDSS Youth Wellness Program?

The Youth Wellness Program or “Wellness” for short, is a comprehensive and coordinated mental health services system designed by BCDSS and its partners to meet the complex and unique needs of children and youth, and their families involved with BCDSS Child Welfare Services.

2. What services are offered through “Wellness?”

- Individual and Family Therapy
- Trauma screening & assessments
- Evidenced-based treatments
- Psychiatric evaluations & prescriber care services for medication
- Crisis services

Neuropsychological Evaluations - it is important to note that these are highly specialized forms of evaluation designed to assess brain/CNS functions, structures, pathways, and cognition. Neuropsychological Evaluations are **not** available through Wellness; however, MATCH or a BCDSS Mental Health Navigator can assist with identifying resources for these exams.

Certificate of Need “CON” - the required examinations needed to complete a CON are available through Wellness Program clinics; however, there is never a guarantee that the physicians, psychologists or psychiatric nurse practitioners who are permitted to complete CONs will agree with our, or another professional’s assessment, that an RTC setting is required to meet the needs of the child or youth. If you are seeking RTC admission and need support to identify the resources who may complete a CON, please contact a BCDSS Mental Health Navigator and BCDSS consulting psychiatrist, Dr. Shannon Barnett shannon.barnett@maryland.gov for assistance.

3. What are the goals of the Wellness Program?

- Promote placement stability & reunification
- Intervene with children and youth in crisis to minimize the impact
- Reduce the frequency of hospitalizations and decrease the utilization of congregate care settings
- Foster supportive relationships between youth and their caregivers
- Address historical issues related to disrupted and fragmented services due to transitions in placement, changes in service provider, and a lack of comprehensive screening, assessments and specialized services.

4. How is the Wellness Program funded?

The Wellness Program is fully funded for therapy services and supports the utilization of a broad array of therapeutic interventions. The program’s therapy services do **not**:

- Have the limitations of Medicaid (Medical Assistance) reimbursement - this means we can seek as much service for a child/youth as they need

- Subscribe to payer-based utilization reviews or service capitation - this means there is no limit to how often or for how long therapy services can be provided
- Adversely impact the delivery of pre-existing services billed through public or private insurance - this means a child/youth in Wellness may also have an existing therapist, or be involved with a TBS, PRP, or PHP without a billing/insurance conflict. It also means that a child/youth placed in a Treatment Foster Home, Group Home or RTC, can receive services from a Wellness therapist in addition to the therapy services offered by these placement settings.

Caveat: Psychiatric evaluations and any prescriber services (medication management) provided through Wellness Program clinics must be billed to Medicaid. In this case, the clinics will handle all of the approval, processing and billing.

5. What are the advantages of accessing therapy services through the Wellness Program?
- The frequency and intensity of services is adaptable and needs-driven. Therapy is flexible and may be increased (or decreased) based on expressed need, assessed need, or treatment goals.
 - Wellness Therapists are intended to serve as the “Home Therapist ” for our children/youth and can follow youth along their Child Welfare Services pathway.
 - Youth exiting care may choose to continue therapy or prescriber services with the same clinic that provided the Wellness services as a non-Wellness client through Medicaid or are free to choose another provider.
 - BCDSS Wellness Program staff meet with the therapists delivering services to our children and youth every other week for updates so there is a high level of agency participation and engagement in the support and monitoring process.
6. Is there an age limit or how old do the children have to be to participate in Wellness?
The Wellness Program is intended to serve children and youth ages 3-21 and their families.

For children who are 5 and younger, it is important to “team” with a Mental Health Navigator prior to making the referral to Wellness. Therapy services to young children are specialized interventions designed to give young children an outlet for emotional expression through play.

7. How many therapists are there and how many clinics are involved with the Wellness Program?

The Wellness Program is designed for 20 therapists providing services exclusively to BCDSS children and youth - this means that the therapists are dedicated to serving the agency and are not seeing other clients.

The plan is for each of the 4 clinics to hire 5 therapists. The Wellness Outpatient Mental Health Clinics (OMHCs) include:

- A Better Tomorrow Starts Today (BTST)

- Advanced Behavioral Health (ABH)
- Hope Health Systems
- Institute for HEALing (iHEAL)

At capacity, the Wellness Program will be positioned to serve up to 500 children/youth.

8. Are the Wellness therapists licensed clinicians?

Yes, the Wellness Program expects the therapists to be either LCSW-C/LCPC practitioners or LMSW/LGPC therapists who receive clinical supervision from a LCSW-C or LCPC.

9. Have the therapists received any training on working with our children/youth and families?

Yes, Wellness and BCDSS Learning Office staff offer an orientation to working with children and families served by the agency - *Child Welfare 101*.

All of the Wellness therapists are also expected to participate in a specialized training BCDSS developed in partnership with the University of Maryland - School of Social Work, Black Mental Health Alliance and the Healing Youth Alliance. This training is known as the *Baltimore City Foster Care Clinician Curriculum*. The curriculum was grounded in:

- Youth & family voice
- Implementation science
- A culturally relevant and responsive approach to delivering services

This training involves 9 sessions for the therapists totaling 53 learning hours as well as a full-day session for Supervisors.

The clinics also offer their own in-service training and skill development for their therapists.

10. Are there any male therapists and is there diversity among the therapists?

Unfortunately, there are no male therapists in the cohort at this time.

The therapists offer a broad range of skills, professional, and lived experience and all of them selected into working with BCDSS' children, youth and families through the Wellness Program. There is racial diversity in the therapist cohort to support the needs or preferences of our children/youth.

11. Is there a waitlist to access services or how long does the process take?

There is no waitlist to access the Wellness Program's therapy services. Prescriber services (medication management) are scheduled by the clinic and are subject to the schedule of the prescriber - most appointments with a prescriber can be scheduled within 30 days of the child/youth's Intake.

As with any mental health service provider, Wellness clinics do **not** write emergency prescriptions for children/youth who are not already seen by the clinic or under the care of the prescriber. If a child or youth is discharging from an RTC or hospital with a limited supply of medications and that child or youth is part of the Wellness program, please contact the Wellness therapist prior to discharge to arrange for the child/youth to be seen by the clinic's prescriber if ongoing medication management will be needed through a Wellness clinic.

Wellness Intake Process:

- From the decision to refer a child/youth to the Wellness Program, staff can generally expect to receive the referral request and link to the Wellness referral from a Mental Health Navigator within 1-2 days.
- We ask that the referral to Wellness be completed by the BCDSS worker or Supervisor within 1 business day.
- After the worker completes and submits the referral, the Mental Health Navigator waits 3 business days before sending the referral to a Wellness clinic. This time is provided so that the worker can:
 1. Inform the youth of the referral to Wellness for therapy.
 2. Inform the caregiver or provider of the referral to Wellness.
 3. Begin to identify and collect the pertinent mental health history needed to complete the Intake process and initiate services.
- Typically within 1-2 days of receiving a referral from the Wellness Program, the assigned therapist will reach out to the worker by phone and email to schedule the Intake appointment.

12. Where and how are Wellness therapy services provided?

The Wellness Program generally expects that the child/youth's Intake occurs in-person. The Intake meeting should include the BCDSS worker, the child/youth, and the caregiver. It is generally preferred that the Intake meeting take place at the youth's placement and will require some coordination on the part of the BCDSS worker.

Following the Intake, the therapy services may be delivered in the home/placement setting, in the community at a predetermined and pre-arranged setting, at the clinic, or via Telehealth (Zoom or other virtual platform). Wellness therapists routinely report checking-in via text with youth who have a cell phone or have access to a cell phone.

The Wellness Program does **not** offer services to BCDSS youth who are placed Out-of-State (OOS). If you are responsible for a youth who is placed OOS and is soon returning to Maryland, consider teaming with a Mental Health Navigator about the youth's needs. In these instances, it is typically best to refer youth to the Wellness Program 30 days prior to their return to in-state placement.

Wellness services **are provided** when the youth lives in a Maryland jurisdiction outside Baltimore City.

13. If a youth is placed in an in-state Residential Treatment Center (RTC, i.e. Sheppard Pratt Mann, Woodbourne, St. Vincent's Villa, RICA, etc.) when is the best time to refer a youth to the Wellness Program?

Youth who are placed in Maryland's RTCs, are routinely provided a range of therapeutic services while in these settings. Often, this includes therapy providers at school and within the RTC's milieu in addition to individual and group sessions all focused on addressing the youth's emotional and behavioral needs. Youth may also have a mentor, CASA, and an attending psychiatric nurse practitioner or psychiatrist, etc., who interface with them regularly.

When a youth who is placed in an RTC is approaching discharge to a less-restrictive setting, that is the best time to consider a referral to the Wellness Program. Typically, referring to Wellness **60 days prior to discharge** allows enough time for the Wellness therapist to connect with you and the youth to complete an Intake, connect with the RTC's clinical team about the discharge plan, and to understand the youth's Treatment Plan and any post-discharge recommendations.

14. How are Consents or Releases of Information (ROI) handled?

For youth under 18 years old, Consent to Treatment may be completed by the BCDSS worker, child's parent/guardian, or by the Assistant Director of Behavioral Health.

For older youth 18+, they must sign a Consent to Treatment in order to receive Wellness therapy services. They may also choose (or choose not) to sign a ROI to allow information about their care to be shared with other parties.

Generally speaking, even if BCDSS holds limited guardianship and may exercise its authority to consent for therapy, it is best practice to seek consent from a child's parent/guardian if they are available and engaged in the child's care, i.e., whereabouts are known, visiting, attending meetings about their child's care, moving toward reunification, etc.

15. What happens when a child/youth referred to Wellness refuses to participate or does not want therapy?

If the youth is 18 or older, s/he may decline Wellness services and, if so, the referral is closed. An older youth who declines may be referred again should his or her position on therapy change.

Therapy is hard-work and there are often strong feelings about it from our children and families - both negative and positive. Generally, for youth under 18 our goal in the Wellness Program is to work with the child's team (worker & Supervisor, caregiver/provider, child's attorney/CASA, and other positive and supportive persons in their lives, etc.) to overcome obstacles to participation whenever possible. It is our hope that the child's team will support participation and engagement in the therapeutic process. Wellness therapists will continue outreach efforts to a child or caregiver on a

regular basis to offer services or support until the Wellness Program closes the referral or places services on-hold.

There is no automatic discharge from Wellness therapy services for X amount of no-calls/no-shows as may be the case in most other outpatient mental health settings.

16. How do I make a referral to the Wellness Program?

Contact a BCDSS Mental Health Navigator to discuss the child/youth's needs and to determine whether the Wellness Program offers the best option for the child/youth to access therapy or supportive mental health services.

Patricia Keene, LCSW-C Patricia.Keene1@maryland.gov Agency cell: 443-890-6028

If the decision is to move forward, the Mental Health Navigator will send you a link to the Wellness Program's referral form which is very easy to complete and submit.

17. Can a child under an Order of Shelter Care be referred to the Wellness Program?

Children under an Order of Shelter Care or an Order of Commitment, can be served by the Wellness Program.

Order of Shelter Care:

If the Court has not included the standard limited guardianship language in the order granting shelter care and a parent/guardian declines to consent to a Wellness referral, a staffing with BCDSS Legal Services will be needed to grant or expand the Limited Guardianship to authorize the mental health services.

Order of Commitment:

For children/youth who are committed to BCDSS following Adjudication/Disposition, the referral process can be expedited quickly. In many instances, either the youth (18 or older) or the agency may consent to services. In some instances, a parent/guardian may also be asked to consent. Services may be initiated as soon as the consent is received from the youth or caregiver or signed by a representative of the Department.